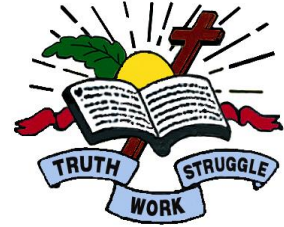




Membership Form
Blessed Trinity Parish
Polish National Catholic Church
1340 Plymouth Avenue
Fall River, Massachusetts 02721



Full Name _____

Address _____

Street

City

State

Zip

Home phone (____) _____ Cell (____) _____

Email: _____

Date of birth _____

Place of birth _____

Date of Baptism (*if unsure give your best guess*) _____

Place of Baptism _____

Date of First Communion (*if unsure – best guess*) _____

Place of First Communion _____

Date of Confirmation (*if unsure – best guess*) _____

Place of Confirmation _____

Date of Marriage _____

Place of Marriage _____

Spouse's name _____

Father's name _____

Mother name (include maiden name) _____

Have you been a member of another PNCC parish _____

which parish/city, state _____

Have you been a member of another denomination _____

which one/ city, state _____

Occupation _____

Past Occupations _____

Prior Marriages _____

Please list the following information about your children

Name	Birth date/Place	Current Residence
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why did you decide to join Blessed Trinity Parish?

Please note –The current financial obligations for membership at Blessed Trinity Parish is \$275.00 per year per adult member if possible. If this is a hardship please see Fr. Rob. The weekly envelopes are a free will contribution separate from the parishioner financial obligation.

Thank you for taking the time to fill out this form.

Welcome to our parish family!

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